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Warfarin Kullanımı Sonrası Gelişen İzole Sol Meme Hematomu

Isolated Hematoma In The Left Breast Developing After Warfarin Use

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Özet

Tromboembolik olayların önlenmesinde yaygın olarak kullanılan warfarin en sık kullanılan oral antikoagülandır. Warfarin kullanımına bağlı diğer antikoagülanlarda olduğu gibi hemoraji ve hematom riski artmaktadır. Hematom daha çok ciltte, karında, sırtta ve bacaklarda oluşmaktadır. Memenin cildinde hemoraji ise oldukça nadir olarak gözlenmektedir. Memenin cildinde nekroza kadar ilerleyen hemoraji, dikkat edilmezse, mastektomi gibi ciddi sonuçlar doğurabilir. Bu konuya ilgi çekmek amacıyla Warfarin kullanımına bağlı tek bir memede areola çevresinde oluşan meme hematomlu vaka sunulmuştur.

Anahtar Kelimeler: Warfarin, Hematom, Meme

Abstract

Warfarin which is widely used for prevention of thromboembolic events is the most commonly used oral anticoagulant. Warfarin use increases the risk for hematoma as other anticoagulants. While hematoma is observed in other body parts, it is rare in the breast. It may result in skin necrosis and mastectomy unless attention. Herein, we presented a case who developed hematoma in the left breast and progression to skin lesion was prevented.

Keywords: Warfarin, Hematoma, Breast

INTRODUCTION

Warfarin which is widely used for prevention of thromboembolic events is the most commonly used oral anticoagulant. Warfarin use increases the risk for hematoma as other anticoagulants. While hematoma is frequently observed in skin, gastrointestinal system, abdomen, back and legs, it is quite rare in breast (1,2). Skin hematoma may progress to necrosis and result with mastectomy unless measure is not taken (2). In this paper, a rare case of breast hematoma developing due to warfarin use is presented.

CASE REPORT

A 74-year-old female patient who has been using warfarin due to cerebrovascular disease was admitted to general surgery clinic with breast pain, rash, swelling lasting for 3 days. Isolated hematoma was observed in the left breast on physical examination (Image 1).

Laboratory tests were as follows: INR: 4.33; Hb: 11.5g/dL; WBC: 7,160/mm^3; MCV: 82.7 fL; RDW: 17.9%; platelet count: 271x10^3/mm^3. Superficial tissue ultrasonography revealed a hematoma reaching maximum 14 mm in the left breast. The patient was hospitalized. Warfarin was discontinued and high dose

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heparin treatment was started. Vitamin K and fresh frozen plasma was not administered. Breast hematoma regressed on day 3 of hospitalization and she was discharged. On her control 4 months later, hematoma was seen to completely resolve and recover without necrosis development on the skin.

DISCUSSION

Warfarin is the most commonly used anticoagulant in treatment of thromboembolic diseases. While some studies report that age is not important for hematoma development in warfarin using patients (4,5), many studies indicate that hematoma risk increases with age (6,7). Our patient is 74-year-old and it is consistent with literature.

Breast hematoma is mostly expected in women, as in our case. In the study of Makris et al., one of the rare studies investigating gender differences, warfarin-related complications were reported more frrequently among women (8).

Skin hematoma is the most common complication of warfarin use. It is quite rare in the breast although it may be seen in every body part (1,2). Skin necrosis develops in approximately 1/10 000 of these patients, 1/10 of them result in skin necrosis of breast (3). Although skin hematoma of the breast is rare, it is highly probable to progress to skin necrosis. Our patient had hematoma only in the left breast although she did not have hematoma in other body parts. Progression to breast skin necrosis could be prevented with treatment.

Its etiology is considered to be multifactorial. Protein C, Protein S, factor 7 deficiency, hypersensitivity, direct toxic effect of warfarin were suggested beside local factors like trauma, heat, local perfusion insufficiency. On the contrary, necrosis-causing hematoma was observed also in the patients who do not have Protein C, Protein S, Factor 7 (9). Starting high dose heparin treatment following warfarin discontinuation, vitamin K and fresh frozen plasma administration for correcting Protein C, Protein S and factor deficiency is recommended for treatment (2,10). Our patient was successfully treated with high dose heparin.

In conclusion, warfarin is a frequently used anticoagulant in the elderly women. Hematoma may rarely be observed in the breast in these patients and a clinical condition progressing to necrosis may develop. Warfarin treatment should be questioned in differential diagnosis and discontinued immediately.

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